

**UPMC  
Delineation of Privileges Request  
Criteria Summary Sheet**

**Facility:** UPMC Horizon

**Specialty:** OPTHALMOLOGY

<b>KNOWLEDGE</b>	Successful Completion of an ACGME/AOA, accredited program														
<b>TRAINING</b>	The successful completion of an approved (ACGME/AOA) post graduate residency program in Ophthalmology														
<b>CERTIFICATION</b>	Board Certification per Policy on Appointment, Reappointment, and Clinical Privileges of UPMC Horizon														
<b>OTHER</b>	<p style="text-align: center;"><b>Special Request Privileges</b></p> <p>In order for these requests to be granted, the applicant must provide documentation of specialized or fellowship training and documentation of satisfactory performance of the procedure. Documentation may be in the form of continuing medical education, a letter from a training program director and/or documentation of clinical experience.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><b>Privilege</b></th> <th style="text-align: right;"><b>Suggested Level of Activity for granting initial privileges</b></th> </tr> </thead> <tbody> <tr> <td>▪ Penetrating Keratoplasty</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Use of laser</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Lamellar Keratoplasty</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Radial Keratotomy</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Epikeratophakia</td> <td style="text-align: right;">10</td> </tr> <tr> <td>▪ Conscious Sedation</td> <td style="text-align: right;">5 (in last 12mo)</td> </tr> </tbody> </table> <p><b>ADMINISTRATION OF MODERATE (CONSCIOUS) SEDATION</b> <i>Documentation of all training and experience to perform the requested privilege must be supplied</i></p> <p style="text-align: center;"><i>All qualifications and <u>satisfactory patient outcomes</u> must be validated in writing.</i></p> <p>The applicant's training and experience must meet one of the following criteria prior to consideration of the request:</p> <ol style="list-style-type: none"> <li>1. Moderate (Conscious) sedation performed as part of residency training and at least 10 cases performed as the primary physician in the last 24 months. <b>(5 cases/12 months)</b></li> </ol>	<b>Privilege</b>	<b>Suggested Level of Activity for granting initial privileges</b>	▪ Penetrating Keratoplasty	10	▪ Use of laser	10	▪ Lamellar Keratoplasty	10	▪ Radial Keratotomy	10	▪ Epikeratophakia	10	▪ Conscious Sedation	5 (in last 12mo)
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	<p style="text-align: center;"><b>OR</b></p> <p>2. Physician has Moderate (Conscious) Sedation privileges at another hospital and has performed at least 10 cases in the last 24 months.<b>(5 cases/12 months)</b></p> <p style="text-align: center;"><b>OR</b></p> <p>3. Physician has administered Moderate (Conscious) Sedation at least 10 times in the last 24 months at UPMC Horizon.<b>(5 times in 12 months)</b></p> <p style="text-align: center;"><b>OR</b></p> <p>4. Physician currently holds an Anesthesia Unrestricted Permit Certified by the Commonwealth of Pennsylvania and has administered Moderate (Conscious) Sedation at least 10 times in the last 24 months.<b>(5 times in 12 months)</b></p> <p style="text-align: center;"><b>OR</b></p> <p>5. Physician has successfully completed the educational program “Practice Guidelines for Sedation and Analgesia by non-Anesthesiologists” and requests provisional privileges pending the successful completion of monitored administration of 10 Moderate (Conscious) Sedation cases within 24 months. <b>(5 cases in 12 months)</b> (Includes physicians who previously have been granted Moderate (Conscious) Sedation Privileges however cannot provide evidence of experience / outcomes in the past 12 months.)</p> <p style="text-align: center;"><b>AND</b></p> <p>6. Physician is qualified to rescue patients who unavoidably or unintentionally slip into a deeper-than-desired level of sedation. At a minimum, physician must have (in addition to one of the above) current basic life support certification for airway management.</p> <p><b>Criteria for General Laser Surgery</b></p> <p><b>EDUCATION:</b> M.D., D.O., D.M.D., D.D.S., D.P.M.</p> <p><b>TRAINING:</b> The applicant must be able to demonstrate successful completion of an approved residency program in general surgery or a surgical subspecialty (with exceptions made for practitioners</p>
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	<p>such as dermatologists and podiatrists ). The applicant must also have participated in at least 10 hours of residency/post-graduate education concerning laser physics, indications, equipment use, and complications</p> <p><b>EXPERIENCE:</b> The applicant must provide evidence that during the education/training, hands-on application of the laser was included. The suggested level of activity for initial granting /renewal of privileges is five (5) procedures in 12 months.</p> <p>Proctoring will be required for those not meeting the suggested level of activity. Proctoring will continue until the practitioner has successfully reached the suggested 12 month activity level (5).</p> <p><b>REFERENCES:</b> A letter of reference must come from the department chairman or another appropriate physician at the hospital/organization where the physician currently holds laser privileges, or from the director of the physician’s residency program, or continuing medical education course director.</p> <p><b>REAPPOINTMENT:</b> Reappointment will be recommended according to the “Policy on Appointment, Reappointment and Clinical Privileges.” Consideration will be given to continuing medical education programs that cover developments in the use of this facility’s type of laser, and actual results of laser usage during the past 12 months.</p>
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